VS A15

Address

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 440

CERTIFICATE OF DEATH

M. D. or other

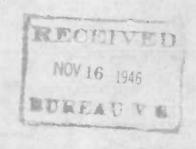
.Date signed

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	6.1
City or town	State County County	on Polimina
How long in above place of death?	(If outside city or town limits, write RURAL and give neares	st town)
nuspital, institution, of Street address where death occurred:	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	•••••
3. (a) FULL NAME Grant Clburg	3. (b) Social Security Nu	ımber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
of warned	2D. DATE DF DEATH Mounter 12 19 44, 31	1 5A
6.(b) Name of husband or wife Emily Ollrusa or	21. I CERTIFY that death occurred on the date above stated; that I attended decease	12 19 46
7. Birth date of deceased (mo., day, yr.)	and that I last saw h	19.46
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
72 / 75hrsmin.	To sure of our gray and	6 mo I
9. Birthplace(Towo, county, and state)	Due to	***************************************
10. Usual occupation	Due fo	*************************
12. Name La	Diher conditions	
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Malden name Serate Derry () 15. Birthplace Dentan	Major findings of operations	
18. Informant Proposition of Practice Changes	Autopsy results	*************
17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	State)
Location Demikary 2003	injured af home, farm, industry, public place (where?)	
18. Funeral director Nivail Magnet Jon	Means of Injury Injured at work?	

D Jenge Registrar

Address.

23. SIGNATURE Justs



1-35

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

CERTIFICATE OF DEATH

x 10868 Reg. Dist. No. 62

City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	Cily or town
How long in hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME Water Beam	eleany 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife Conne Graffetto Besselsons 6.(c) If allve, give age 67 years 7. Birth date of	21. I CERTIEF that death occurred on the date above stated; that Lattended deceased from 19.46. and that I last saw h december 22.01.
deceased (mo., day, yr.) Lec · A, 18/4	Immediate cause of death
8. AGE: Years Months Days If test than one day	
9. Birthplace (Town, county, and state)	Due Lacenonia Joure 6 mos
10. Usual occupation.	Due fo
11. Industry or business 12. Name	Diher conditions
14. Maiden name Elizabeth Horosey. 15. Birthplace Corp. and Duly	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant . Marie Beauchamps	Autopsy results
Address 17. Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Control Dung and Son	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funerat director Address	Musa no X 9 - 0
19. Nev. 15 1946 (Dute rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Bate signed 1/15/4/6

NOV 16 1946

BURLAU V B.

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

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W	T	U	0	U	0	9

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Caroline	
City or town (If outside city or town/simits, write RURAL and give nearest town)	State Mary and County Aarchenter
How long in above place of death? 2 days	City or town (1f outside city or town limits, Tite RURAL and give nearest town)
How long in above place of dearn?	Ring R
Courand	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME annie S. Clark	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	20. DATE OF DEATH. November 6 19 46 21 2:40 A. M
6.(b) Name of husband or wife . Hieliam A. Clark	21. I CERTIFY that death occurred on the date above etaled; that I affended deceeeed from
	11/6 19 4 6 10 11/6 19 4 5
1 7 Dirth date of	and that I last baw h. c. 2 alive on 18.7.6
deceased (mo., day, yr.) July 26, 1873	Immediaje cause of death
8. AGE: Yeare Months Days It less than one day	Corenary Glum vois 2 kc.
73 3 10hrsmin.	
lucation Conda	Chamic Magardeles 591.
9. Birthplace Sweaburg Outario Canada (Bown, county, and state)	Aug Tonam Em
Marie a sure to	a factorial statement of the statement o
10. Usuat occupation	Ove to.
11. Industry or business	1000
12. Name Long Lugland T	Other conditions.
13. Birtholace Eugland	
	(Include pregnancy within 3 months of death)
14. Maiden name Elisabott Carr 15. Birthplace Canada	Major findings of operations
E 15. Birthplace Canada	Date of op.
16. informant William H. Clark	Antopsy results
	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address tederalsburg maryland R.t.D.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buil Date thereof yoventer 8, 1946	Accident, evicide, or homicide
(Burial eremation or removal, Which?) (month) (day) (year)	
Cemetery or crematory Hill Crest Cemetery	Where did injury occur?
Location Federalsburg haryland	tnjured at home, farm, Industry, public place (where?)
18 Funeral director & & Frampton and Son	Meane of injury injured at wgrk?
	1 / no 6 / ho 0
Address tedelalsburg Maryland	23. SIGHATURE THENK IN On clease 11.0.
19. November 6 1846 J.J. Fream 5 Tom	M. D. or other



	info	of
5.	of	ses
	tem	can
1	LY	the
3	eve	ite
4	ply	WI
7 T	Sup	ease
4202	INK.	ins: pl
MARGIN RESERVED FOR BINDING	ADING	Physicia
MA	UNE	ant.
I	》	import
	PLAINLY, WITH UNFADING INK. Supply every item of info	is especially important. Physicians: please write the causes of
15 M	S.	3.

PLEASE WRIT

I. PLACE OF DEA	TH: Carol		
County			
City or town	entus		
(1f or	itside city or town limi	is, write RURAL ar	nd give nearest town)
low long in above place of	of death?	t year	
lospilal, institution, or	street address where des	in occurred:	

low long in hospital or	Institution?		******************************
3. (a) FULL NAME	2.1		. ^
	W. J.	oster (lack.
I. Sex	5. Color or race	6.(a) Single, married,	
). 30X	3. COIOT OF TACE		
M	-10	Mai	ued
	and and	1.	
5.(b) Name of husband o	M. Miller		
			give age 64 year
7. Birth data of	. 14.	13,18%	78
deceased (mo., day, yr B. AGE: Years	Months		than one day
J. AGE.		7	
68	//	7	hrs mlr
9. Birthplace J	wheeve	lle 21	id.
9. Birthplace	(Town, co	unty, and state)	1
10. Usual occupation	Vuenu	und 1	tgen
		V	
11. industry or business		00	L
12. Name	Villian	z Cla	<u> </u>
13. Birthplace	/	md.	
K	aux.	Suciale	
14. Maiden name		J-MUFA	
15. Birthplace		nd '	
16. Informant. The	s. add	ie Ela	ul.
16. Informant Zc. Z. Z.			7.1
Address	Neua	water	mal.
17. (Burlal, cremstion,	or removal, Which?)	Date thereof	month) (day) (year)
Cemetery or cremator	, Tree	es boro	,
Y	reeus be	717 W	nt.
Location			
18. Funeral director		nd 1. 1	Rawlings e md
Address	1 ere	er our	e ma
	0 //		the Property of the Parket of

2. USUAL RESIDENCE (HON (For newborn infants give resid	ME) OF DECEASED:	
State Ind		ohue.
City or town Ne	uderson,	
(If outside city or to	wn limits, write RURAL and	give nearest town)
Street No(If rm	ral, give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social S	ecurity Number
		9-83041-
MEDICA	AL CERTIFICATION	
Ano.	20	41 . 7008
20. DATE OF DEATH		
21. I CERTIFY that death occurred on the	date above stated; that I atte	nded deceased from
	19.2.9 10 11/19	
Immediate cause of death	ustion	3 000
Due to Polycythen	unac III su	17/11
Due 10		

Due to		
	******************************	**************************************
Olher conditions	***************************************	***************************************
(Include pregnancy w	vithin 3 months of death)	
Major findings of operations	==+=+++++++++++++++++++++++++++++++++++	
Antopsy results		
PHYSICIAN: Please underline the can	se to which death should be	charged statistically.
22. VIOLENCE: If death was due to ext	ternal causes, fill in the following	ng:
Accident, suicide, or homicide	Date	of
Where did injury occur?	r town) (County)	(State)
Injured at home, farm, Industry, public		
	lnjured at w	
Means of injury	0	URT
23. SIGNATURE	Selver	
	7	M. D. or other
Jolloo	oro not	signed 11/2/
Audi 099		0.010.000

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VS A15

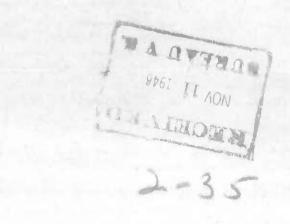
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 990

CERTIFICATE OF DEATH

10871 Reg. Dist. No. 64 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carolina	State Maryland County Caroline
City or town. Fe deral strug - Dural (If outside city or town limits, write RURAL and give nearest town)	The second second
How long in above place of death? 36 years	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	
Genton Road	Street No. De toa Koad (If rural, give LOCATION)
How long In hospital or Institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Victor Dean	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thale White married	20. DATE OF DEATH November 2 18 46 at 11:45 P. M
Theela G. Dean	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased
0.(0) name of nyspand of wife	
7. Birth date of 10 21 1891	18.4 6, 10 / Roy 2 10 / C
7. Birth date of deceased (ma. day, vr.) July 26 1881	and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and that I last saw h. 1.8 A. alive on the same and the sa
and the state of t	Immediate cause of death
6. AGE.	Comony allanbores 6 tus.
65 0hrsmin.	A C
9. Birthplace Souchester County Maryland (Town, county, and state)	Due to Chranic My ocardiles 5gm.
10. Usual occupation Secretary - Treasurer	
11. Industry or business Senton Problemation Credit association	Due to
Tr. Maderiy or Business	Other constition () (iesely .
12. Name tames a Dean 13. Birthplace Dorchester County Wayford	Other Committons
	(Include pregnancy within 3 months of death)
16	Major findings of operations.
E 15. Birthplace touchester County Maryland	Date of op.
16. Informant Mrs. Victor Sean	Autopsy results
Address Federalsburg Mary land C.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof Movember 5, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hill Crest Conetary	Where did Injury occur?
deficiely of districtory.	
Location Federalsburg Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director & transform and Sou	Means of Injury Injured at work?
Address Franklisburg Maryland	23. SIGNATURE Transfer M. Ondorson M. U.
The second to the TT Estate the second to th	M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address eclerastación Ma Date signed 11/5/4



MARYLAND STATE DEPARTMENT OF HEALTH

24

111	N.	Charles	St.,	Baltimore	95-6	
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FRT	FICA	TE	OF	DE	ATH

家	,	Reg. Dist.	No. 6/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn Infants give residence of mother) State City or town City or town (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Isabelle & Elw	anger 3. (b) Social Security Number
4. Sox f. Solog or race 6.(a) Singlo, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH NOU. 6 19 4 6 1 2 A. M
6.(b) Name of husband or wite	21. In CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46 to
deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 5 2 3 19 hrs. min. 9. Birthplace Henderson Caroline Md.	Due to Chemialie Candis
1B. Usual occupation. Nousewife 11. Industry or business 12. Name. Learge Carrow	Duo to
12. Name Leorge Carrow 13. Birthplace 14. Malden name Belle Biss 15. Birthplace Penna.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Breeborn & Churangers Address & Treens broro Rural	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, quicide, or homicide
Cometory or comploys States States Mag.	Where did Injury occur?
18. Funeral directors represented 3. Rawlings Address Representation Mol. J	23. SIGNATURE Saules (N. Dougsefor M. d. M. D. or general
19. (Date rec'd by registrar) Registrar	Addross Free box Med Dato signed 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



WRITE

PLEASE

VS A15

MARYLAND	STATE	DEPARTMENT	OF	MEALTI
MARILAND	SIAIL	DEPARTMENT	UP	HLALI

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

10873 Reg. Diat. No. 640

1. PLACE OF DEATH: County Caroline City or town Federalshing (If outside city or town-limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 212 Academy Curves How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Elisha H. Herper	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced **Male White Widowed	MEDICAL CERTIFICATION 2D. DAYE OF DEATH. Norther 27 19 46 21 9:33 P.
6.(b) Name of husband or wile Annie 6. Herber 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4. 23 hrs. min. 9. Birthplace Pethrad Farmer 11. Industry or business 12. Name John Harber 13. Birthplace Dorchester County, hayland 14. Maiden name. Elizabeth Lankford 15. Birthplace Dorchester County, hayland 16. Informant Address Lederal Stores Manyland Address Lederal Stores Manyland	21. I CERTIEY that does no correction the date above stated; that I attended deceased from 19. In and that I last saw h. I. A. D. alive on 19. Immediate cause of death DURATION Due to Due to Conditions Consults of Durations of death) Major findings of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address tederalsburg, maryland 17. Burial (Burial, eremation, or removal. Which?) Cemetery or crematory Location Mean tederalsburg, maryland 18. Funeral director Address tederalsburg, maryland Maryland 19. Nov. 29- 19	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

DEC 4 1946-BUNGAU

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	(00
Reg. Dist.	No

CEDT	ICIC	ATE	OF	DEATH
V.P.R.	I PIL.	A F.	175	I/CAIC

County Caraline	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md County Caroline City or town Herderson Annal (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Samuel Hudson.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE DE DEATH STREMEN 28 19 46 31 6 P M
8.(b) Nama of husband or wife Lucy B. 8.(c) If alive, give age 8.3 years 7. Birth date of deceased (mo., day, yr.) Fieb. 7 - 185.4	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 42 19 10 19 40
8. AGE: Years Months Days It less than one day 92 9 20 hrs. min. 9. Birthplace Caroline Co. M.d., Town, county, and state) 10. Usual occupation. Retired Harmer	Due to Cardio Reual Valendar y you
11. Industry or business 12. Name Samuel Hudson 13. Birthplace Maiden name A Recurd 15. Birthplace At Recurd	Other conditions
16. Informant It up to It udoon Address Sudlersville ma.	Autupsy results
17. Burel Date thereof. Det. 1 19 46. (Burlat, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Sulus boro Location Successfors Mid:	Where did injury occur?
18. Funeral director Ray mond a Nawlings Address Lews Fas Ind.	Means of Injury injured at work?
19/2/ 19 46 A.O. SMITT	23. SIGNATURE M. D. or other Address. Date signed 3.44



NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/2)

10875

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: Carali	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants of residence of mother)
City or town (If ourside city or town limits, write RURAL and give nearest town)	State Many County Carollers
	(If outside city or town limits, write RURAL and give nearest town)
How long in above piece at death?	(If outside city or town limits, write RURAL and give nearest/town)
nospital, institution, or effect equiess where destit december.	Street No
	(If rural, give LOCATION)
How long in hospitel or institution?	2.(a) It vetersn, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fleuer & Olisto 194	ches.
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
un m. married	n. 2 2 9 116 1 P
NO DAY	2D. DATE DF DEATH 200. 29 1946 11 7 M
8.(b) Name of husband or wife da Sell tous dellow	21. I CERTIFY that deeth occurred on the date above stated; that Lattended deceased from
663 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mrs 7 10 46, 10 Nov 29 10 46
7. Birth dete of	and that I last saw h to alive on There 29 19 46
deceased (ma., dey, yr.) cease, 18- 1805	Immediate cause of death
8. AGE: Yeers Months Days It less then one day	
9/ 6 /2min.	
71.00:	Que Lackeo Vasculos Canal
9. Birthplace (Towa, county, and state)	areuse 6mo
1D. Usual occupation Querellant	
	Due to
tt. Industry or business	
12. Name	Dither conditions
I 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name. Ladia Farrington 15. Birthpiace	Major findings uf operations
E 1S. Birthplace	Date of op.
16. Informent Mrs Topica Perceduce.	Autupsy results
Address / Deuton . Zish.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Jensey Man.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Norial, cremation, or removal, Which?) Date thereo((month) (day) (year)	Accident, suicide, or homicide
	Where did laiury occur?
Cemetery or cremstory	Wilere did injury occur?
Location Such Such	Injured at home, term, Industry, public place (where?)
18 Funeral director 1 Tringil Turony & Care	Means of Injury Injured at work?
18. Funerel director	1579
Address // Declar " Mid.	23. SIGNATURE Muson O, leasge
11/30 11/1 Somal & Gester	M. D. or other
19. (Dute rec'd by registrer) Registrer	Interes Destar



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
County	(For newhorn infants give residence of mother)
City or town. Alexand A Qualitation	State County Call
(If outside city or town limits, write RURAL and give nearest town)	City or town / lune Deutan
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred;	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME,	3. (b) Social Security Number
16 of 13 1- T	3. (0) Social Security Number
Matter strain for	9
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mr. 78. married	9/ 1/2 1/6 34
To be the second of the second	20. DATE OF DEATH 19 20 at 3 1
8.(b) Name of husbaod on wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	niside () 19 4/ 10 200. 9 19 46
7. Birth date of / / / / / / / / / / / / / / /	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	arteris rellinis - 6 yrs.
//hrsmia.	gripe - 21 days.
Quality > 0	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation. France	***************************************
1D. Usual occupation.	Due to.
11. Industry or business	
12. Name Dillean Vang	Other conditions
12. Name. Dilleau Turg	
w ?	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birtholace	
16. informant	Autopsy results
Address of June Sild	
Brief 11-11-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did lajury occur?
oemeter) of oromatory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funoral director . Mingul Mary &	Means of Injury Injured at work?
1 1/1 1	V SU DA TO
Address / Deuton / 114-	as courses & aul hours and
11/11 41 /2009/	23. SIGNATURE M. D. or other
19	Address Duty Med Date signed 11/10/46

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

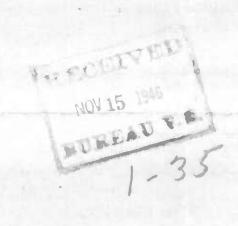
2411 N. Charles St., Battimore (No. 2)

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CERTIFICATE OF DEATH

X	Reg.	Diat.	No. 6	20

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Dantion DUT			***************************************	State County Carol	m
City or town (If outside city or town limits, write PURAL and give nearest town) How long in above place of death?			URAL and give nearest town)	But But	***************************************
How long in about place of d	anth?	8yea-	3	City or town. (If outside city or town limits, write RURAL and give	nearest town)
How long in above place of a	et address where	death occurred	*		,
Hospital, Institution, or stre	RED			Street No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
***************************************		020		Mone	
How long in hospital or inst	hitulion?	.ume	**************************************	2.(a) It veteran, name war 120116	
3. (a) FULL NAME				3. (b) Social Securi	ity Number
Donold	MacDon	5.50		None	
	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
					1 110.0
Male	white	<u>M</u>	arried	20. DATE OF DEATH	16 U-30P
	To a dia	- ho+h	MacDonald	21. I CERTIFY that death occurred on the date above etated; that I ettended o	
6.(b) Name of husband or w	lfe	ane un	MacDonald	1146 5 111 2005	9 .46
		6.(0	e) If alive, give ageyears	11. 9 10.	
7. Birth date of	Taxua	or 977	1019	and that I last saw h. Irana alive on	719.4.6
deceased (mo., day, yr.)			I It lese than one day	Immediate cause of death	DURATION
8. AGE: Yeare	Months	Days	It less than one day		
34	9	12	hrs min.	Coule ashma	4 dys-
Dh.	iledelr	hio	Po.	Due to Brown borter	10 days
9. Birthplace	(Town,	county, and	Pa.	The territory	
tO. Usuat occupation	Farming				7 7
to, usual occupation	44	Fee		Due to	
11. Industry or business					******
12. Name Du	gald Ma	cDona	ld	Other conditions	
12. Name Du	otland				
at 13. Biringiace	7 1 7 1	3 303	T 3	(Include pregnancy within 3 months of death)	
14. Maiden name E 15. Birthplace I	Tizabet	n E.	Locke	Major findings of operations	
S to Birthplace I	reland			Date of op.	
Tal to. Britispiace		2 2 2 5	7 7 1		
16. Informant	s. Dona	La Ma	cDonald	Autopsy results	and resetues who
Address De	nton RE	מי			ged statisticany.
. Burial	22 9 0 22		Nov 12 1946	22. VtOLENCE: It death was due to external causes, till in the tollowing:	
Burial Date thereot Nov. 12, 1946 (month) (day) (year)			(month) (day) (year)	Accident, euicide, or homicide	****
(Burial, cremation, or	Dentan			Where did Injury occur?	*******************************
Cemetery or crematory Denton Cemetery			<u></u>		(State)
Location Denton Md.				Injured at home, farm, Industry, public place (where?)	
some all like man the !			someon and De	Means of Injury Injured at work?	
t9. Funeral director				11.	
Address +e	derelalo	way 5	nd .	Lluson 1 Years	
2 5		(V)	209	23. SIGNATUR JUNEAU COLLEGE	D. or other
19. Man 1 2 19 46 / Man O flored Magistrar			MAN W Slove	Address Lenlan Date sign	ned 4/12/46



12, 0

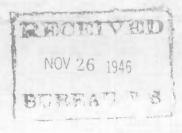
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



10878 Reg. Dist. No. 630

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Caroline			
City or towa Preston - Rural (If ontside city or town limits, write RURAL and give nearest town)	State Maryland County County of Carolina		
(If ontside city or town limits, write RURAL and give nesrest town)	City or town		
How long in above place of death? 8 months			
Hospital, Institution, or street address where death occurred:	Street Ho. Lonestown		
Jorestown	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veleran, name war		
3. (a) FULL NAME Leon Priester	3. (b) Social Security Number		
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Colored bingle			
male cools	20. DATE OF DEATH. November 23 19 46, 16:45 P.M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Hame of husband or wife	Nowey 23 10 46 10 house 23 10 40		
	and that I last saw h 1 m alive on Northern 2 8 19 46.		
7. Birth dale of deceased (mo., day, yr.) November 6, 1945			
ueceaseu (mo., uay, yr./	Immediate cause of death Struck position 1 4 DURATION		
o. Adl.	2444		
/ 0 /7hrs,min.			
Cheston Pennsylvania	undetermined cause		
9. Birthplace (Yown, county, and state)			
10. Usual occupation			
10. Usual occupation.	Due to		
11. Industry or business			
12. Name Moses Priester	Other conditions		
12. Name Moses Prester 13. Birtholace Fairfay South Carolina			
	(Include pregnancy within 3 months of death)		
14. Maidea name Rosa Lee Farmer 15. Birthpiacs Matthews Georgia	Major findings of operations		
15. Birtholacs Matthews Georgia			
≥ 1 15. Birinpiace	Date of op.		
18. Informan Mrs. Moses Priester	Autopsy results		
Address Preston, Krangfand, R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Y	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
17. Burial Date thereof November 25 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Comelery or crematory. Bethleken Countery	Where did injury occur?		
Location Bethleham, Maryfand	Injured at home, tarm, Industry, public place (where?)		
0 4 7 7 40 P	Means of Injury Injured at work?		
18. Funeral director. J. J. Frampton al Son	N () (da)		
Address Federalsburg Maryland	2 2 2		
00 - 11 81 0 1. 10 00	23. SIGNATURE M. D. or other		
19. Nov. 24 1946 Conclish Plummer Registrar	Address Preston Paryland Date signed 11/24/4		
(Date rec'd by registrar) Registrar	Address Date signed 11		



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bara

CERTIFICATE OF DEATH

log.	Dist.	No. 6 2
	10	879

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infante give residence of mother)
City or town	State. County County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Starmer Coursett !	enclusted:
4. Sex 5. Volor or ruce 6.(a) merle, married, widowed or divorced	MEDICAL CERTIFICATION
ru. 70. Jularrha .	20, DATE OF BEATH 12 19 4 6, st 9 6 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Selv. 9" 1878	and that I list saw have all ve on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Higherten and Cardin rend Server 10 years.
68 9 20 min.	
a: Paltalian Per	
9. Birthplace (Town, county, and state)	Due to
10. Usuat occupation Transcell	
11. Industry or business	Due to
	Other conditions Residual left hemis plegia 1936
12. Name Juce 13. Birthplace	uriner conditions 4.47.
# Santa Conscale	(Include pregnancy within 8 months of death)
14. Maiden name leave and	Major findings of operations
≥ 15. Birthplace	Date of op.
18. Informant Junes / June Track	Autopsy results
Address Deulant. Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buil 11-14-44	22. VIOLENCE: if death was due to external causes, till in the following:
(Burlal, eremation, or removal. Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homtoide
Cemetery or crematory Desition Cometery	Where did injury occur? (City or town) (County) (State)
Location Decition: 91.6.	Injured at home, tarm, industry, public place (where?)
0 3/1 cil Sumal &	Meane of Mjury Injured at work?
18. Funeral director	50000
Address Description.	23. SIGNATURE Sauf Knotts W. D
10 11-14 1046 mm A 6 Fear	M. D. or other 1911
(Date rec'd by registrar)	Address Deulon Med Bate signed MW 14-1746

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 16 1946

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

/ 10880

CERTIFICATE OF DEATH

			110	
Reg.	Dist.	No.	640	

1. PLACE OF DEATH: Opposite	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta hive residence of mother)
County.	State County Caroline
City or town. (If outside city or town limits, write AURAL and give nearest town)	Lodos - Sulmera
How long in above place of death? Le Wedto	(if outside city or town limits, write RURAL and rive nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
105 academy anne	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME (3. (b) Social Security Number
Jethro Robinson	None
4. Sex 5/Color of race 6.(a) Single, manyed, widowed, or divorced	MEDICAL CERTIFICATION
m Vohila Hidowid	2D. DATE OF DEATH
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	1/2 D 19 Y 6/10 11/2 (18 V)
7. 8 irth date of /879	and that I last saw
deceased (mo., day, yr.)	Immediate cause of death
3. AUL. 7 11 5 11 d	A A A A
/4 3 //hrsmln.	Leregral Herrison 72 Oler
9. 8 ortholoce Mardlown Itic 7 15	Due to
(Town, county, and state)	Clume of paroness > E.
1D. Usual occupation.	Due to
11. Industry or business	1 . 110 0
	Other conditions Chemica Middlebuler 592
12. Name	
	(Include pregnaucy within 8 months of death)
14. Malden name daura & Bradley 15. Birthplace _ 00 Md	Major findings el operations.
15. Birthplace	Date of op.
Mollie Wass	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tederalswarg 110.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Sund Date thereof 1/-23-46	Accident, suicide, or homicide
(Burial, cremation, cremanal Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Thankboury	Injured at home, farm, industry, public place (where?)
The same of the same	Missens of Injury Injured at work?
18. Funeral director.	Man of Ch.
Address Maxious 110	23. SIGNATURE 23.
10 November 22 1046 J.J. Framstom	to bearing hed M. D. propher
(Date rec'd by registrar) Registrar	Address

HT 30 10 STADISCHESS

NOV 26 1946

FOREAU V 8

CERTIFICATE OF DEATH

 CIIdi IVA	Dei, Daientiole	22.66
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	gilla	-		
-4-				_
		1	1	
		/ .	-	

	Reg. Dist. No
1. PLACE OF DEATH: Convolution of the convolution o	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or testitution?	2.(a) if veteran, name war
3. (a) FULL NAME 40 Sephine anna Schree	3. (b) Social Security Number
4. Ass. 5. Color or rice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OVERWER 27 19 46 1725 P. B.
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended discessed from
7. Birth date of deceased (mo., day, yr.) May, 6 - 879 8. AGE: Years Months Days If less than one day	Immediate cause of death Lese Na Recumber of Control o
9. Birthplace Alsace Torraine France (Town, county, and atate)	Due to Esseulial Ang Jesten State Sym
11. Industry or business	Oue to.
12. Name Transfer J	Other conditions (include pregnancy within 3 months of death)
14. Maiden name Vosephine Virchoff 15. Birtholace France	Major findings of operations
Address Treensboro, Md.	Antopsy results
17. (Burlai, cremation, or remain, Whieb?) Cemetery or crematory. Dale thereof. (month) (day) fyear)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Near JoT reensboros 16. Funeral director Roymond B. Rawlings	Injured at home, farm, Industry public place (where?) Means of Injury (County) (State) (State)
Address & Resultoro, Mcl. S 19. Nor 30 1846 Deschipsin	23. SIGNAPURE Seale A House of an
(Data ree'd by registrar) Registrar	Address Precustoro, Ma. Dale signed 11-29-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (H) MARGIN RESERVED FOR BINDING

VS A15

DEC 3 1946 .

PLEASE WRITE PLAINLY

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore MS.

CERTIFICATE OF DEATH

1 2004

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town Senton Burge	State County County
(If outside city or town, limits, write RURAL and give nearest town)	1/ baton, Mural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	
	Street No
440000000000000000000000000000000000000	
How tong In hospital or institution?.	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 horas Nasse Nass Con	My.
Mari Court at the	
4. Sex 5. Oblor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 (1) (1)	n -12 116
J Color Burge	20. DATE OF DEATH 19 7 2 at
B.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
p.(v) hains of masually of wite	
7. Birth daie of	
deceased (mo., day, yr.) (lug. 31, 1881	and that t last saw halive on
	Immediate cause of death
8. AGE: Years Months Days It less than one day	
6.5 V	Copposers - Wentalla India
9. Birthplace Dentes Coroline many and	Due 16 all seems
(Town, county, ond state)	Grander of m Goods. Tolevel
10. Usual occupation Soudwork	touched in brain tode
	Due to Comment of the
11. Industry or business	nos my asserces for hard-
12. Name Dathaniel Jayon 13. Birtholace	Dither conditions
13. Birtholace Denton Tond	
	(lociude pregnancy within 3 mooths of death)
14. Malden name Comy Worldow	
14. Malden name Softon md.	Major fiedings of operations.
\$1 15. Birthplace Ichlow Ma.	Date of op.
16. informant Chunie Vaylor	Autopey results
4171.6.6.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jenlan Rary Cente	THE PROPERTY AND ADDRESS OF THE PARTY OF THE
13 mil	22. VIOLENCE: it death was due to external causes, fill in the following:
(Burial, cromation, or removal. Which?), (month) (day) (yeur)	Accident, suicide, or homicide
1) of the state of	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Denton, many land	Injured at home, tarm, industry, public place (where?)
LOCATION	Means of Injury Injured at work?
18. Funeral director	means of injury injured at works
	11544
Address dentery many many	23. SIGNATURE VELLISON O ROLL
11/16 16 m 10 94.00	a Britis Meder O Eray, M. D. or other
19. (Date réc'd hy registrar) Registrar	Address July Date signed 11/16/46
(Date rec d ny registrar)	Address Date signed Date signed



item of information carefully. The concauses of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNI

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: clayo How long in above place of death? Hospital, Institution, or sireet address where death occurred: How long to hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number Marrued deceased (mo., day, yr.) (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death shootd be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide.....

Registrar

Where did injury occur?

Maans of Injury

(County)

(State)

(City or town)

tnjured at home, farm, Industry, public place (where?) ...

DEC 3 1946

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. SCORD TE CAMALY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN N. B.-

S No. 1

0

PLACE OF DEATH	STATE OF MARYLAND
County Caroline.	CERTIFICATE OF DEATH
8 0	Registration Dist. No. 62
Village Solical & getter (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Joseph	Depath stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED diright WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2000 21 15 192/ 6
Sept 324, 1868	17 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1994 6 to 2005 21, 1994
Month) (Day) (Year)	that I hast saw hand alive on 2000 1000 1944
7 AGE If LESS than I day hrs or min.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Caronary Harombon's
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs mosds
(State or country) Hear Develow, Hed.	Contributory Secondary (Diraion) vis mos ds
10 NAME OF John By Degatt	(Signed Liwron) Teorge M. D. M.D.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER aus Morgan	16 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
(Informant) 100 South	Former or usual residence
(Address) Rd. Deutsen W	19 PLACE OF BURIAL OR DEMOVAL DATE OF BURIAL
Filed/1/23 1946 my D. b. George Registras	20 UNDERTAKER MORESS
If more blanks are needed, address tate Negistra	16 W. Saratoga St., Balto., Requesting V. S. ho. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever write None. or given up on account of the DISCASE CAUSING DEATH, state occupation at beginning of liness. If retired from worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of octo report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Housemord, etc. If the occupation has been changed household only (not paid Housekeepers who receive a " etc., For many Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal menin_itis"); Dinhtheria (avoid use of "Croup"); Synhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a dcfinite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar, Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need Chronic Example: Measles (disease etc. The contributory valvular heart not be disease; death

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.